

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS465ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2010
NAME OF PROVIDER OR SUPPLIER FLAMINGO SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2565 EAST FLAMINGO ROAD LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused re-survey conducted in your facility on 3/18/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	A 00	<p><i>Accepted</i> <i>4/14/10</i> <i>Supervisor</i></p>	
A 51 SS=F	<p>NAC 449.981 Appointment/Responsibilities of Administrator</p> <p>5. The administrator shall: (a) Ensure that the center complies with all applicable federal and state laws and local ordinances and the policies and procedures approved by the governing body. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to store all prescription drugs in a</p>	A 51	<p>A 51</p> <p>The Administrator will ensure that all prescription drugs will be appropriately stored.</p> <p>Door locks with Keypads have already been ordered and will be</p>	5/1/10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Thull

TITLE-
ADMINISTRATOR

(X6) DATE
4/2/10

STATE FORM

6899

6GD011

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LAS VEGAS, NEVADA

If continuation sheet 1 of 2

Bureau of Health Care Quality and Compliance

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A 51	Continued From page 1 locked cabinet, compartment or room per the facility policy. Multiple IV medications and ophthalmic medications were observed in unlocked cabinets in the clean utility room in PACU. Severity: 2 Scope: 2	A 51	A 51 installed on both doors to the clean utility room in PACU. Individual Responsible: Administrator Date of Completion: 5/1/10	5/1/10
A112 SS=F	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to ensure 4 of 9 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB). (Employees #1, #2, #4 and #6) 1. The file for Employee #2 did not contain a second-step TB skin test in accordance with NAC 441A.375. 2. The file for Employee #1 did not meet the annual one-step TB skin test requirements in accordance with NAC 441A.375. 3. The files for Employees #4 and #6 did not contain the results of a positive skin test or a statement from a physician that the employee had tested positive for TB and did not have a two-step TB test on file. Severity: 2 Scope: 2	A112	A112 All employee health files will be reviewed for evidence of two-step TB skin testing or quantiferon blood testing. All files that are deficient will have repeat two-step TB skin testing completed. All new employees will receive two-step TB skin testing upon hire, unless documentation of such testing or quantiferon testing is provided at time of hire. Individual Responsible: Clinical Director Date of Completion: 6/1/10	6/1/10

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